## UNITED STATES DISTRICT COURT

## DISTRICT OF OREGON

Plaintiff(s),	Case No.: 3:22-cv-01869		
v.	MOTION FOR LEAVE TO APPEAR PRO HAC VICE		
Rosenblum			
Defendant(s).			
Attorney William Sack	requests special admission <i>pro hac</i>		
vice to the Bar of the United States District (	Court for the District of Oregon in the above-		
captioned case for the purposes of representi			
Plaintiffs Daniel Azzopardi and Sportsman's Wa			
In support of this and it is			

In support of this application, I certify that: 1) I am an active member in good standing with the <a href="Pennsylvania">Pennsylvania</a> State Bar; and 2) that I have read and am familiar with the Federal Rules of Evidence, the Federal Rules of Civil and Criminal Procedure, the Local Rules of this Court, and this Court's Statement of Professionalism.

I understand that my admission to the Bar of the United States District Court for the District of Oregon is solely for the purpose of litigating in the above matter and will be terminated upon the conclusion of the matter.

## (1) PERSONAL DATA:

Name:	Sack	William	Α			
	(Last Name	(First Name)	(MI)	(Suffix)		
Agency/firm affiliation: Firearms Policy Coalition						
Mailing address: 5550 Painted Mirage Rd. STE 320						
City: Las Vegas		State:NV	Zip: 89149			
Phone number: (916) 596-3492		6) 596-3492 Fax number:	•			
Business e-mail address: Wsack@FPCLaw.Org						

Azzonardi

	(2)	BAR ADMISSION INFORMATION:				
		(a)	State bar admission(s), date(s) of admission, and bar number(s): Pennsylvania, 10/26/2018, 325863			
		(b)	Other federal court admission(s) and date(s) of admission:  Eastern District of Pennsylvania, 10/6/2020  Western District of Pennsylvania, 12/47/2020			
			Western District of Pennsylvania 12/17/2020			
	(3)	CERTIFICATION OF DISCIPLINARY ACTIONS:				
	V	I am not now, nor have I ever been, subject to any disciplinary action by any state or federal bar association or subject to judicial sanctions.				
		I am now or have been subject to disciplinary action by a state or federal bar association or subject to judicial sanctions. (Attach letter of explanation.)				
	(4)	Pursuan respons require and tha	IFICATION OF PROFESSIONAL LIABILITY INSURANCE: nt to LR 83-3, I have professional liability insurance, or financial sibility equivalent to liability insurance, that meets the insurance ments of the Oregon State Bar for attorneys practicing in this District, t will apply and remain in force for the duration of the case, including heal proceedings.			
Coutific	(5)	CM/ECF REGISTRATION: I acknowledge that I will become a registered user of the Court's case management and electronic case filing system (CM/ECF) upon approval of this application, and I consent to electronic service pursuant to Fed. R. Civ. P. 5(b)(2)(E) and the Local Rules of the District of Oregon.				
requiren	nents of	LR 83-	<b>Seeking</b> <i>Pro Hac Vice</i> <b>Admission:</b> I have read and understand the 3, and I certify that the above information is true and correct.			
]	DATED	: 12/09/2	022			
			c/Milliam Soak			
			s/William Sack (Signature)			
			(Dignature)			

## REQUIREMENT TO ASSOCIATE WITH LOCAL COUNSEL:

LR 83-3(a)(1) requires applicants for <i>pro hac vice</i> admission to associate with local counsel
unless requesting a waiver of the requirement under LR 45-1.
a warver of the requirement under ER 43-1.

To request a waiver of the requirement of following box:	to associate with loc	al counsel under	LR 45-1, check the		
I seek admission for the limited Court did not issue. Pursuant to requirement to associate with log from local counsel with this application.	LR 45-1(b), I requested counsel and there	st a waiver of th	e LR 83-3(a)(1)		
To associate with local counsel, provide obtain the signature of local counsel.	the following inform	nation about loc	cal counsel, and		
Name: _Buchal	James		L		
( <i>Last Name</i> ) OSB number: 921618	(First Name)	(1	MI) (Suffix)		
Agency/firm affiliation: Murphy & Bucha	ILLP				
Mailing address: P.O. Box 86620					
City: Portland	State: OR	Zip:	97286		
Phone number: (503) 227-1011	Fax number: _				
Business e-mail address: jbuchal@mbllp.c	om				
CERTIFICATION OF ASSOCIATE	LOCAL COUNSE	L:			
I certify that I am a member in good star understand the requirements of LR 83-3, number 3:22-cv-01869	nding of the bar of th and that I will serve	is Court, that I he as designated I	nave read and ocal counsel in case		
DATED: 12/09/2022		M			
(Signature of Local Counsel)					